| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| SOUTHERN DISTRICT OF OHIO | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | 1: Identify Yourself | | | | | | |
|-----|--|---|---|---|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | ernment-issued First name lentification (for | | First name | | | |
| | license or passport). | Middle name | _ | Middle name | | | |
| | Bring your picture identification to your meeting with the trustee. | Scott Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you have used in the last 8 years | , | | | | | |
| | Include your married or maiden names. | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1066 | | | | | |

| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs. | | | |
|--|---|---|--|--|--|--|
| | | ■ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EIN | EIN | | | |
| 5. | Where you live | 778 Stockbridge Road | If Debtor 2 lives at a different address: | | | |
| | | Columbus, OH 43207-3969 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Franklin | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|---|---|---|-------------|---|--|---------------------------|--|--|
| | | ☐ Chap | ter 7 | | | | | |
| | | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | ■ Chap | ter 13 | | | | | |
| 8. | How you will pay the fee | abo | out how y | e entire fee when I file my petition. Pleas ou may pay. Typically, if you are paying the attorney is submitting your payment on yo address. | fee yourself, you may pay with cash, o | ashier's check, or money | | |
| | | | | y the fee in installments. If you choose th | is option, sign and attach the Application | on for Individuals to Pay | | |
| | | ☐ I re | equest th | ee in Installments (Official Form 103A). at my fee be waived (You may request this | | | | |
| | | apı | plies to yo | ruired to, waive your fee, and may do so or ur family size and you are unable to pay th on to Have the Chapter 7 Filing Fee Waive | e fee in installments). If you choose this | option, you must fill out | | |
| | Harris Glad Con | | | | | | | |
| 9. Have you filed for bankruptcy within the ■ No. | | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | When | Case number | | | |
| | | | District | When | Case number | | | |
| | | | District | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | Relationship to you | | | |
| | | | District | When | Case number, if kn | own | | |
| | | | Debtor | | Relationship to you | | | |
| | | | District | When | Case number, if kn | own | | |
| 11 | Do you rent your residence? | □ No. | Go to | ine 12. | | | | |
| | residence? | Yes. | Has y | our landlord obtained an eviction judgment | against you? | | | |
| • • • • | | | | No. Go to line 12. | | | | |
| ••• | | | | No. Go to line 12. | | | | |

Case number (if known)

Debtor 1 Christopher Thomas Scott

| Deb | tor 1 Christopher Thom | nas Scott | | Case number (if known) | |
|-----|---|-----------|---|---|--|
| | | | | | |
| Par | Report About Any Bu | ısinesses | You Own as a Sole Proprie | tor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | |
| | buomess. | ☐ Yes. | Name and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code | |
| | it to this petition. | | Check the appropriate bo | ox to describe your business: | |
| | | | ☐ Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | ☐ Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | ☐ Stockbroker (as c | lefined in 11 U.S.C. § 101(53A)) | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | ☐ None of the abov | e | |
| 13. | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor chock proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure \$\frac{11}{5}\$ (1)(B). | | | | |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ed under Subchapter V of Chapter 11. | |
| | | ☐ Yes. | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | |
| | identifiable hazard to public health or safety? | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | |
| | | | | Number, Street, City, State & Zip Code | |
| | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Christopher Thom | nas Scott | | Case n | umber (if known) | | | |
|-----|---|-------------------------|--|---|--|--|--|--|
| Par | t 6: Answer These Questi | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | i | ndividual primarily for a pers | onsumer debts? Consumer debts are conal, family, or household purpose." | e defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you o | we that are not consumer debts or bu | siness debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | | Do you estimate that after any exempt allable to distribute to unsecured cred | property is excluded and administrative expenses litors? | | | |
| | administrative expenses | | □ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | 5 0,001-100,000 | | | |
| | | ☐ 100-199 ☐ 200-999 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to | ■ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | be worth? | | I - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$500 million | _ ' ' ' ' ' ' ' ' | | | |
| 20. | How much do you | □ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 1 - \$100,000 | \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have exa | mined this petition, and I dec | clare under penalty of perjury that the | information provided is true and correct. | | | |
| | | | | | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7. | | | |
| | | | o attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request re | request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | bankruptcy and 3571. | rstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a aptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, 171. | | | | | |
| | | | opher Thomas Scott | Signature of D | Oehtor 2 | | | |
| | | | her Thomas Scott of Debtor 1 | Signature of L | PEDIOI Z | | | |
| | | Executed of | on January 20, 2022 | Executed on | | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | | |
| | | | | | | | | |

| Debtor 1 | Christopher Thomas Scott | Case number (if known) | |
|----------|--------------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mark Albert Herder Signature of Attorney for Debtor | Date | January 20, 2022 MM / DD / YYYY |
|--|---------------|------------------------------------|
| Mark Albert Herder 0061503 | | |
| Mark Albert Herder LLC | | |
| 1031 East Broad Street Columbus, OH 43205 | | |
| Number, Street, City, State & ZIP Code Contact phone 614-444-5290 | Email address | markalbertherder@yahoo.com |
| 0061503 OH Bar number & State | | |

| Fill | in this information to identify your case: | | |
|-----------|---|--------------------|-------------------------------|
| | otor 1 Christopher Thomas Scott | | |
| | First Name Middle Name Last Name | | |
| | use if, filing) First Name Middle Name Last Name | | |
| Uni | red States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO | | |
| Cas | e number | | |
| | own) | _ | k if this is an ded filing |
| | | | |
| <u>Of</u> | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| info | s complete and accurate as possible. If two married people are filing together, both are equally responsible f rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | 11: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | | | |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 36,373.72 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 36,373.72 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities |
| | | Amoun | t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 30,063.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 24,656.76 |
| | Your total liabilities | \$ | 54,719.76 |
| Par | 3: Summarize Your Income and Expenses | | |
| | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,803.02 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,083.02 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | s <i>box</i> and s | ubmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,632.91

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in th | is information to id | lentify your | case and this filing: | | | | |
|-------------------------|---------------------------------------|----------------|--|---|--------------------|-----------------|--|
| Debtor 1 | Christo | pher Tho | mas Scott | | | | |
| | First Name | | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if | · | <u> </u> | Middle Name | Last Name | | | |
| | 3, | | | | | | |
| United S | tates Bankruptcy Co | ourt for the: | SOUTHERN DISTRIC | OF OHIO | | | |
| Case nui | mber | | | | | | Check if this is an |
| | | | | | | | amended filing |
| | | | | | | | |
| Officia | al Form 106 | SA/R | | | | | |
| | | | | | | | |
| | edule A/B | | | | | | 12/15 |
| | | | | lly once. If an asset fits in more that arried people are filing together, bot | | | |
| nformatio | n. If more space is n | | | form. On the top of any additional p | | | |
| answer ev | very question. | | | | | | |
| Part 1: | Describe Each Reside | ence, Buildin | g, Land, or Other Real Es | tate You Own or Have an Interest In | 1 | | |
| . Do vou | own or have any leg | al or equitabl | e interest in anv residen | ce, building, land, or similar propert | v? | | |
| _ | , , | , | | 3, 4 3, 4 4 4 4 4 | • | | |
| No. | Go to Part 2. | | | | | | |
| ☐ Yes. | Where is the property | <i>i</i> ? | | | | | |
| | | | | | | | |
| Part 2: | Describe Your Vehicle | 26 | | | | | |
| 1 ant 2. | Sescribe Tour Vernor | | | | | | |
| | | | | vehicles, whether they are regis | | | cles you own that |
| someone | else drives. If you le | ease a vehic | le, also report it on <i>Sch</i> | nedule G: Executory Contracts and | d Unexpired Leases | i. | |
| 3. Cars, | vans, trucks, tract | ors, sport u | tility vehicles, motorc | ycles | | | |
| п., | | | | | | | |
| □ No | | | | | | | |
| Yes | i | | | | | | |
| | | | | | Do not doduc | t accurad alaim | s or exemptions. Put |
| 3.1 Ma | ake: Ford | | Who has an i | nterest in the property? Check one | the amount of | any secured cl | aims on Schedule D: |
| | odel: F-150 | | Debtor 1 o | • | Creditors Wh | o Have Claims | Secured by Property. |
| | ear: 1990 | 400 | Debtor 2 o | | Current valu | | urrent value of the |
| - | oproximate mileage: | 180 | | nd Debtor 2 only | entire prope | rty? p | ortion you own? |
| | ther information: • free and clear v | ohiolo | At least on | e of the debtors and another | | | |
| - | rifee affu clear v | enicie | ☐ Check if t | nis is community property | \$ | 500.00 | \$500.00 |
| | | | (see instruc | | | | |
| | | | | | | | |
| 3.2 Ma | ake: Kia | | Who has an i | nterest in the property? Check one | | | s or exemptions. Put aims on Schedule D: |
| Me | odel: Sportage | | ■ Debtor 1 o | nly | | | Secured by Property. |
| Υe | ear: 2017 | | Debtor 2 o | nly | Current valu | e of the C | urrent value of the |
| Ap | oproximate mileage: | 82 | ,000 Debtor 1 a | nd Debtor 2 only | entire proper | | ortion you own? |
| | ther information: | | At least on | e of the debtors and another | | | |
| | acquired on 01/ | 20/2021 | | | \$1 | 000.00 | \$18,000.00 |
| | | | LI Check if the characteristic (see instruction) | nis is community property | <u></u> | | Ψ10,000.00 |

| Deptor | 1 | nristopher Thomas Scott | Case number (if known) | | | | | |
|------------------|-----------------|--|---|---------------------------------------|---|--|--|--|
| | Make: Model: | Kia Sedona | Who has an interest in the property? Check one Debtor 1 only | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: nims Secured by Property. | | | |
| Α | | 2011 nate mileage: 118,000 ormation: | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? | | | |
| - | acqı | uired on 04/03/2018 | ☐ Check if this is community property (see instructions) | \$6,500.00 | \$6,500.00 | | | |
| Example No □ Yes | pples: B | oats, trailers, motors, pérsonal w | nd other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle ac | cessories | | | | |
| .page | es you | | e that number here | | \$25,000.00 | | | |
| | | be Your Personal and Household or have any legal or equitable i | Items nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | |
| <i>Exan</i> □ No | mples: 0 | goods and furnishings Major appliances, furniture, linen scribe Household goo | s, china, kitchenware ods, housewares, and home furnishings | | \$3,500.00 | | | |
| | | Misc. furniture November of 2 | financed through FinWise Bank acquire | d in | \$400.00 | | | |
| □ No | mples: o | | deo, stereo, and digital equipment; computers, printers media players, games | s, scanners; music collect | ions; electronic devices | | | |
| | | | ions, three (3) cell phones, two (2) tablets, founs, one (1) laptop computer | ır (4) | \$900.00 | | | |
| | | | ics financed through Progressive Leasing - I December 2021 | - | \$2,900.00 | | | |
| | | | ics financed through Progressive Leasing - I December 2021 | - | \$1,200.00 | | | |
| Exan | mples: o | s of value Antiques and figurines; paintings other collections, memorabilia, c scribe | , prints, or other artwork; books, pictures, or other art collectibles | objects; stamp, coin, or ba | aseball card collections; | | | |

| D | Christopher Inomas Scott | Case number (if known) | _ |
|-----|--|---|---|
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; b musical instruments | icycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; | |
| | □ No | | |
| | Yes. Describe | | |
| | <u> </u> | ***** | |
| | Bowling equipment | \$200.00 | _ |
| | | | |
| 10 | 10. Firearms | | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No | | |
| | Yes. Describe | | |
| | Tes. Describe | | |
| 11. | 11. Clothes | | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, a ☐ No | accessories | |
| | Yes. Describe | | |
| | — 163. D636/IDC | | |
| | Wearing apparel | \$800.00 |) |
| | | | = |
| 12 | 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, weddi No ■ Yes. Describe | ing rings, heirloom jewelry, watches, gems, gold, silver | |
| | Mice involve | \$50.00 | ` |
| | Misc. jewelry | \$50.00 | <u>, </u> |
| 13. | 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No □ Yes. Describe | | |
| 14 | 14. Any other personal and household items you did not already list, inc | cluding any health aids you did not list | |
| • | ■ No | , and any normal and you are normal | |
| | ☐ Yes. Give specific information | | |
| | · | | _ |
| 15 | 15. Add the dollar value of all of your entries from Part 3, including any for Part 3. Write that number here | y entries for pages you have attached \$9,950.00 | |
| D | Part 4: Describe Your Financial Assets | | |
| | Do you own or have any legal or equitable interest in any of the following | ng? Current value of the | - |
| | bo you own or have any legal of equitable interest in any of the following | portion you own? Do not deduct secured claims or exemptions. | |
| 16 | 16. Cash Examples: Money you have in your wallet, in your home, in a safe depose □ No | sit box, and on hand when you file your petition | |
| | ■ Yes | | |
| | | | |
| | | Cash on hand \$40.00 | <u>)</u> |
| | | | _ |
| 17. | 17. Deposits of money | | |
| | Examples: Checking, savings, or other financial accounts; certificates of institutions. If you have multiple accounts with the same insti | | |
| | □ No | , | |
| | Yes Institution na | ıme: | |

| D | ebtor 1 Christophe | er Thoma | s Scott | Case number (if know | n) |
|-----|--|------------------------------|--|---|---------------------------------|
| | | 17.1. | Checking | through Bank of America | \$100.00 |
| | | 17.2. | Savings | through Bank of America | \$20.00 |
| 18 | . Bonds, mutual funds Examples: Bond fund | | | okerage firms, money market accounts | |
| | ■ No □ Yes | | Institution or issuer | name: | |
| 19 | Non-publicly traded joint venture | stock and | interests in incorp | orated and unincorporated businesses, including an inter | est in an LLC, partnership, and |
| | ■ No □ Yes. Give specific i | | about them me of entity: | % of ownership: | |
| 20 | Negotiable instrumen | ts include Iments are | personal checks, cas those you cannot tra | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| 21. | . Retirement or pension Examples: Interests in No | on accoun | | 103(b), thrift savings accounts, or other pension or profit-sharin | ng plans |
| | Yes. List each acco | • | tely. of account: | Institution name: | |
| | | 401(| k) | through current employer | \$200.72 |
| 22 | | sed deposi | ts you have made so | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications comp | panies, or others |
| 23. | | for a perio | dic payment of mone | ey to you, either for life or for a number of years) | |
| | ■ No □ Yes | Issuer nam | ne and description. | | |
| 24. | 26 U.S.C. §§ 530(b)(1) | | | ualified ABLE program, or under a qualified state tuition p | orogram. |
| | ■ No □ Yes | Institution | name and description | n. Separately file the records of any interests.11 U.S.C. § 521 | (c): |
| 25 | Trusts, equitable or t■ No□ Yes. Give specific i | | | ther than anything listed in line 1), and rights or powers e | exercisable for your benefit |
| 26 | Patents, copyrights, | trademarl | ks, trade secrets, ar | nd other intellectual property eds from royalties and licensing agreements | |
| | ■ No □ Yes. Give specific i | | • | as | |
| 27. | Licenses, franchises Examples: Building p | | | es perative association holdings, liquor licenses, professional lice | nses |
| | ☐ Yes. Give specific i | nformation | about them | | |

| Debtor 1 | Christopher Thomas Scott | Case number (if known) | |
|---|---|--|---|
| Money o | r property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| _ | efunds owed to you | | |
| ■ No □ Yes | s. Give specific information about them, including whether you all | ready filed the returns and the tax years | |
| <i>Exar</i> ■ No | ly support nples: Past due or lump sum alimony, spousal support, child sup s. Give specific information | port, maintenance, divorce settlement, property se | ettlement |
| Exar ■ No | r amounts someone owes you nples: Unpaid wages, disability insurance payments, disability be benefits; unpaid loans you made to someone else s. Give specific information | nefits, sick pay, vacation pay, workers' compensa | ation, Social Security |
| 31. Intere | ests in insurance policies nples: Health, disability, or life insurance; health savings account | (HSA); credit, homeowner's, or renter's insurance |) |
| ■ Yes | s. Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | Term life insurance policy throug current employer no cash surre value | | \$0.00 |
| If you some | nterest in property that is due you from someone who has durare the beneficiary of a living trust, expect proceeds from a lifegone has died. | | e property because |
| | s. Give specific information | | |
| Exar ■ No | s. Give specific information ns against third parties, whether or not you have filed a laws inples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | | |
| Exam No Yes 34. Other No | ns against third parties, whether or not you have filed a laws inples: Accidents, employment disputes, insurance claims, or right | ts to sue | et off claims |
| Exar No Yes 34. Other No Yes | ns against third parties, whether or not you have filed a laws inples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | ts to sue | et off claims |
| Exar No Yes 34. Other No Yes 35. Any f | ns against third parties, whether or not you have filed a laws inples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | ts to sue | et off claims |
| Exar No Yes 34. Other No Yes 35. Any f No Yes 36. Add | ns against third parties, whether or not you have filed a laws imples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | ng counterclaims of the debtor and rights to so | et off claims |
| Exar ■ No □ Yes 34. Other ■ No □ Yes 35. Any f ■ No □ Yes 36. Add for l | ns against third parties, whether or not you have filed a laws imples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | ng counterclaims of the debtor and rights to so | |
| Exar No Yes 34. Other No Yes 35. Any f No Yes 36. Add for □ | ns against third parties, whether or not you have filed a laws imples: Accidents, employment disputes, insurance claims, or rights. Describe each claim | any entries for pages you have attached | |

☐ Yes. Go to line 38.

| Del | otor 1 | Christopher Th | omas Scott | | Case number (if known) | |
|-----|--------|--|--|------------------------|------------------------------|-------------|
| Par | | escribe Any Farm- and you own or have an inte | st In. | | | |
| 46. | Do you | u own or have any l | egal or equitable interest in any farm | - or commercial fishir | ng-related property? | |
| | ■ No. | . Go to Part 7. | | | | |
| | ☐ Yes | s. Go to line 47. | | | | |
| Par | t 7: | Describe All Proper | ty You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| _ | | | ty of any kind you did not already list country club membership | 1? | | |
| ı | Yes. | Give specific informa | ation | | | |
| | | | Secured credit card through Se on 17 August 2020 intent to s | | ad Bank acquired | \$529.00 |
| | | | | | | |
| | | | Secured credit card through At 2021 intent to surrender | lantic Capital acc | quired on 08 May | \$534.00 |
| 54. | Add 1 | the dollar value of a | ıll of your entries from Part 7. Write th | nat number here | | \$1,063.00 |
| Par | t 8: | List the Totals of Eac | ch Part of this Form | | | |
| 55. | Part ' | 1: Total real estate, | line 2 | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, lin | ne 5 | \$25,000.00 | | |
| 57. | Part 3 | 3: Total personal an | nd household items, line 15 | \$9,950.00 | | |
| 58. | Part 4 | 4: Total financial as | sets, line 36 | \$360.72 | | |
| 59. | | | elated property, line 45 | \$0.00 | | |
| 60. | Part (| 6: Total farm- and fi | shing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other prope | erty not listed, line 54 | \$1,063.00 | | |
| 62. | Total | l personal property. | Add lines 56 through 61 | \$36,373.72 | Copy personal property total | \$36,373.72 |
| 63. | Total | l of all property on S | Schedule A/B. Add line 55 + line 62 | | | \$36,373.72 |
| | | | | | | |

| Fill in this infor | | | | |
|---------------------|--------------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Christopher Thor | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property | You Claim as | Exempt |
|---------|-----------------------|--------------|--------|
| | | | |

| Pa | rt 1: Identify the Property You Claim as E | Exempt | | | | | | |
|--|--|--------------------------------------|-----|---|------------------------------------|--|--|--|
| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 1990 Ford F-150 180,000 miles | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § | | | |
| | free and clear vehicle Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(18) | | | |

| free and clear vehicle Line from Schedule A/B: 3.1 | | _ | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(18) |
|--|-------------|---|---|---|
| 2017 Kia Sportage 82,000 miles acquired on 01/20/2021 | \$18,000.00 | | \$4,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(11)(2) |
| Household goods, housewares, and home furnishings | \$3,500.00 | | \$3,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(-1)(-1)(a) |
| Misc. furniture financed through FinWise Bank acquired in | \$400.00 | | \$400.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| November of 2021 Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | 2525.00(-1)(-1)(2) |
| two (2) televisions, three (3) cell phones, two (2) tablets, four (4) | \$900.00 | | \$900.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| gaming systems, one (1) laptop computer | | | 100% of fair market value, up to any applicable statutory limit | · · · // // |

Line from Schedule A/B: 7.1

| | cription of the property and line on A/B that lists this property | Current value of the | Δma | | |
|---|---|-------------------------------------|------|---|--|
| | | portion you own | AIII | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Progres | lectronics financed through ssive Leasing acquired on | \$2,900.00 | • | \$2,900.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | ember 2021 n Schedule A/B: 7.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | lectronics financed through ssive Leasing acquired on | \$1,200.00 | | \$1,200.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | ember 2021 n Schedule A/B: 7.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | g equipment | \$200.00 | | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | | | | 100% of fair market value, up to any applicable statutory limit | (// // |
| | g apparel n Schedule A/B: 11.1 | \$800.00 | • | \$800.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | | | | 100% of fair market value, up to any applicable statutory limit | V IV IV I |
| Misc. je | ewelry on Schedule A/B: 12.1 | \$50.00 | | \$50.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | , and the second |
| Cash on hand Line from Schedule A/B: 16.1 | | \$40.00 | | \$40.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | | 100% of fair market value, up to any applicable statutory limit | . , , , |
| | ng: through Bank of America | \$100.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | s: through Bank of America | \$20.00 | | \$20.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | - | | | 100% of fair market value, up to any applicable statutory limit | (N-) |
| 401(k): through current employer Line from Schedule A/B: 21.1 | | \$200.72 | | \$200.72 | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | , |

| Fill in this informa | ation to identify you | r caso: | | | | |
|------------------------------|---------------------------|---|--------------------------------------|--|--------------------------|--|
| | ation to identity you | i case. | | | | |
| Debtor 1 | Christopher Tho | Dmas Scott Middle Name Last Name | | - | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | - | | |
| (Spouse II, IIIIIIg) | FIIST Name | iviluule ivame Last ivame | | | | |
| United States Bank | kruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | - | | |
| Case number | | | | | | |
| (if known) | | | | ☐ Check | if this is an | |
| | | | | ameno | led filing | |
| Official Form | 106D | | | | | |
| | | M/h = Llave Claims Case | | | | |
| Schedule L | D: Creditors | Who Have Claims Secur | ea by Propert | <u>.y</u> | 12/15 | |
| is needed, copy the I | | f two married people are filing together, both are out, number the entries, and attach it to this form | | | | |
| number (if known). | | _ | | | | |
| | ave claims secured by | | | | | |
| | this box and submit th | nis form to the court with your other schedules | s. You have nothing else | to report on this form. | | |
| Yes. Fill in a | all of the information I | pelow. | | | | |
| Part 1: List All | Secured Claims | | | | | |
| | | nore than one secured claim, list the creditor separa | | Column B | Column C | |
| | | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name. | As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion If any | |
| | tino olamio in alphabotic | 5 | value of collateral. | claim | | |
| 2.1 Atlantic Ca | pital | Describe the property that secures the claim: | \$534.00 | \$534.00 | \$0.00 | |
| Creditor's Name | | Secured credit card through Atlantic Capital acquired on 08 May 2021 | | | | |
| E4E Com === | A | intent to surrender | | | | |
| Suite 2200 | ess Avenue, | As of the date you file, the claim is: Check all that | i | | | |
| Austin, TX | | apply. Contingent | | | | |
| | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or | secured | | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Deb | • | Statutory lien (such as tax lien, mechanic's lien |) | | | |
| _ | e debtors and another | Judgment lien from a lawsuit | the convert aredit or | a u al | | |
| ☐ Check if this clai | | Other (including a right to offset) | the secured credit ca | aru | | |
| - | | | | | | |
| Date debt was incur | red | Last 4 digits of account number | | | | |
| 2.2 Bridgecres | t | Describe the property that secures the claim: | \$18,000.00 | \$18,000.00 | \$0.00 | |
| Creditor's Name | <u> </u> | 2017 Kia Sportage 82,000 miles | | <u> </u> | | |
| | | acquired on 01/20/2021 | | | | |
| DO D | 040 | As of the date you file, the claim is: Check all that | | | | |
| PO Box 290 Phoenix, A | | apply. | | | | |
| | City, State & Zip Code | Contingent | | | | |
| Number, Street, C | Sity, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ■ An agreement you made (such as mortgage or | secured | | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | | |
| At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this clai | | Other (including a right to offset) | the vehicle | | | |
| community deb | τ | | | | | |
| Date debt was incur | red | Last 4 digits of account number | | | | |

| Debtor 1 Christopher Thomas So | cott | Case number (if known) | | |
|---|--|---------------------------|------------|---|
| First Name Middle N | | ` ' - | | |
| 2.3 CNAC | Describe the property that secures the claim: | \$6,500.00 | \$6,500.00 | \$0.00 |
| Creditor's Name | 2011 Kia Sedona 118,000 miles | | | • |
| | acquired on 04/03/2018 | | | |
| 12802 Hamilton Crossing | As of the date was file the plains in Cl. 1. IIII | | | |
| Blvd | As of the date you file, the claim is: Check all that apply. | | | |
| Carmel, IN 46032 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | e vehicle | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.4 FinWise Bank | Describe the property that secures the claim: | \$400.00 | \$400.00 | \$0.00 |
| Creditor's Name | Misc. furniture financed through | Ψ+00.00 | Ψ+00.00 | Ψ0.00 |
| | FinWise Bank acquired in | | | |
| 420 F. Donalolish Ctroot | November of 2021 | | | |
| 130 E. Randolph Street, Suite 3400 | As of the date you file, the claim is: Check all that | | | |
| Chicago, IL 60601 | apply. | | | |
| | Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | _ | | | |
| Debtor 1 only | An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 2 only | _ | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | ne misc. furniture | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.5 Progressive Leasing | Describe the property that secures the claim: | \$2,900.00 | \$2.900.00 | \$0.00 |
| Creditor's Name | Misc. electronics financed | Ψ2,300.00 | Ψ2,300.00 | ψ0.00 |
| | through Progressive Leasing | | | |
| 44000 0 700 5 . 4 0 % | acquired on 04 December 2021 | | | |
| 11629 S. 700 East, Suite | As of the date you file, the claim is: Check all that | | | |
| 100 Draper, UT 84020 | apply. | | | |
| | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | | | | |
| Debtor 1 only | An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 2 only | ′ | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | and and a standard to the | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | ne misc. electronics | | |
| Date debt was incurred | Last 4 digits of account number | | | |

| Deb | Christopher I nomas So | | Case | e number (if known) | | | |
|------|---|---|----------------|-------------------------------|-----------------|--------|--|
| | First Name Middle N | ame Last Name | | | | | |
| 2.6 | Progressive Leasing | Describe the property that secures the cl | aim· | \$1,200.00 | \$1,200.00 | \$0.00 | |
| 2.0 | Creditor's Name | Misc. electronics financed | | Ψ1,200.00 | Ψ1,200.00 | Ψ0.00 | |
| | | through Progressive Leasing | | | | | |
| | 11629 S. 700 East, Suite | acquired on 14 December 2021 | | | | | |
| | 100 | As of the date you file, the claim is: Check | all that | | | | |
| | Draper, UT 84020 | apply. Contingent | | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| | Debtor 1 only | ■ An agreement you made (such as mortg | age or secured | d | | | |
| | Pebtor 2 only | car loan) | Ü | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | | | |
| _ | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | , | | | | |
| | heck if this claim relates to a | Other (including a right to offset) | on the m | isc. electronics | | | |
| • | community debt | | | | | | |
| Date | debt was incurred | Last 4 digits of account number | | | | | |
| | | | | | | | |
| | Self Financial Inc./Lead | | | | | | |
| 2.7 | Bank | Describe the property that secures the cl | aim: | \$529.00 | \$529.00 | \$0.00 | |
| | Creditor's Name | Secured credit card through Sel | f | | | | |
| | | Financial Inc./Lead Bank acqu | ired | | | | |
| | | on 17 August 2020 intent to | | | | | |
| | | Surrender As of the date you file, the claim is: Check | - 11 41 4 | | | | |
| | 1801 Main Street | apply. | all that | | | | |
| | Kansas City, MO 64108 | ☐ Contingent | | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who | o owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| | ebtor 1 only | An agreement you made (such as mortgate) | age or secured | t | | | |
| | ebtor 2 only | car loan) | | | | | |
| | Pebtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| | check if this claim relates to a | Other (including a right to offset) | n on the se | ecured credit card | | | |
| , | community debt | | | | | | |
| Date | debt was incurred | Last 4 digits of account number | | | | | |
| | | | | | | | |
| Α - | d the dellar value of value antière in 6 | Andrews A and this was a Marita that we have been | | ¢20.002.00 | 7 | | |
| | - | column A on this page. Write that number he the dollar value totals from all pages. | ere: | \$30,063.00 | _ | | |
| | ite that number here: | the donar value totals from an pages. | | \$30,063.00 | | | |
| Dort | 2. List Others to Be Notified to | or a Dobt That You Already Listed | | | | | |
| | | or a Debt That You Already Listed | | | | | |
| | | be notified about your bankruptcy for a debtowe to someone else, list the creditor in Par | | | | | |
| than | one creditor for any of the debts tha | t you listed in Part 1, list the additional cred | | | | | |
| debt | s in Part 1, do not fill out or submit th | nis page. | | | | | |
| [] | Name, Number, Street, City, State 8 | 3. Zin Code | | | | | |
| | American First Finance | A Lip Godo | On which lir | ne in Part 1 did you enter th | e creditor? | | |
| | P.O. Box 565848 | | Last 4 digits | of account number | | | |
| | Dallas, TX 75356 | | · · | _ | | | |
| , , | | | | | | | |
| [] | Name, Number, Street, City, State 8 | & Zip Code | On which lin | ne in Part 1 did you enter th | e creditor? 2.2 | | |
| | Bridgecrest | | | , | | | |
| | 7300 E Hampton Ave #101 | | Last 4 digits | of account number | | | |
| | Mesa, AZ 85209 | | | | | | |

| Debto | or 1 Christopher Thomas Scott | Case number (if known) |
|-------|---|---|
| | First Name Middle Name Last Name | |
| [] | Name, Number, Street, City, State & Zip Code Bridgecrest Acceptance Corp. | On which line in Part 1 did you enter the creditor? |
| | PO Box 2997 Phoenix, AZ 85062 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code Byrider Finance LLC | On which line in Part 1 did you enter the creditor? _2.3_ |
| | DBA CNAC 2642 Morse Road Columbus, OH 43231 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code | On which line in Part 1 did you enter the creditor? 2.3 |
| | 777 Canton Road Akron, OH 44312-2606 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code Finwise Rise | On which line in Part 1 did you enter the creditor? 2.4 |
| | 4150 International Plaza, Suite 300 Fort Worth, TX 76109 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code Progressive Leasing | On which line in Part 1 did you enter the creditor? |
| | 10619 South Jordan Gateway, Suite 100 South Jordan, OH 84095 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code | On which line in Part 1 did you enter the creditor? _2.5 |
| | Progressive Leasing 256 West Data Drive Draper, UT 84020 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code Progressive Leasing | On which line in Part 1 did you enter the creditor? _2.6_ |
| | 10619 South Jordan Gateway, Suite 100 South Jordan, OH 84095 | Last 4 digits of account number |
| [] | Name, Number, Street, City, State & Zip Code Progressive Leasing | On which line in Part 1 did you enter the creditor? _2.6_ |
| | 256 West Data Drive Draper, UT 84020 | Last 4 digits of account number |

| Fill in this infor | mation to identify your | case: | | |
|--|--|---|---|---------------------------|
| Debtor 1 | Christopher Thor | nas Scott | | |
| 20010. | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTR | RICT OF OHIO | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | a | mended filing |
| Official For | m 106E/F | | | |
| | E/F: Creditors W | ho Have Uns | ecured Claims | 12/15 |
| Schedule D: Credi left. Attach the Co name and case nu | itors Who Have Claims Sec ontinuation Page to this pag umber (if known). | ured by Property. If mo e. If you have no inforr | orm 106G). Do not include any creditors with partially secured claims re space is needed, copy the Part you need, fill it out, number the en nation to report in a Part, do not file that Part. On the top of any addi | tries in the boxes on the |
| | All of Your PRIORITY Un | | | |
| 1. Do any credit | tors have priority unsecure | d claims against you? | | |
| No. Go to | Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List A | All of Your NONPRIORIT | V Unsecured Claims | • | |
| | tors have nonpriority unsec | | | |
| | | | | |
| □ No. You na | ave nothing to report in this p | art. Submit this form to ti | he court with your other schedules. | |
| Yes. | | | | |
| unsecured cla | im, list the creditor separately | for each claim. For eac | al order of the creditor who holds each claim. If a creditor has more that h claim listed, identify what type of claim it is. Do not list claims already incorart 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | | Total claim |
| 4.1 CB Ind | | Last 4 d | digits of account number | \$588.00 |
| Nonpriori PO Bo | ity Creditor's Name | Whon w | vas the debt incurred? | |
| | x 4499 rton, OR 97076 | vviien v | vas tile debt iliculted: | - |
| | Street City State Zip Code | As of th | ne date you file, the claim is: Check all that apply | |
| Who inc | urred the debt? Check one. | | | |
| ■ Debto | or 1 only | ☐ Con | tingent | |
| ☐ Debto | or 2 only | ☐ Unli | quidated | |
| ☐ Debto | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | |
| ☐ At lea | ast one of the debtors and and | oti i ci | f NONPRIORITY unsecured claim: | |
| | k if this claim is for a com | | dent loans | |
| debt Is the cla | aim subject to offset? | | gations arising out of a separation agreement or divorce that you did not s priority claims | |
| ■ No | • | • | ts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | | er. Specify misc. debt | |

| Debtor | Christopher Thomas Scott | Case number (if known) | |
|--------|--|--|----------|
| 4.2 | Charter Communications | Last 4 digits of account number | \$205.00 |
| | Nonpriority Creditor's Name PO BOX 3019□ Milwaukee, WI 53201 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify misc. debt | |
| 4.3 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$396.00 |
| | PO Box 98873 Las Vegas, NV 89193-8873 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify misc. debt | |
| 4.4 | Dave | Last 4 digits of account number | Unknowr |
| | Nonpriority Creditor's Name 1265 South Cochran Avenue Los Angeles, CA 90019 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans ☐ Student loans | | |
| | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify notice of bk filing | |

| Debioi | Christopher Thomas Scott | Case number (if known) | |
|--------|---|--|----------|
| 4.5 | EMP Of Franklin County, LTD Nonpriority Creditor's Name | Last 4 digits of account number | \$89.00 |
| | PO Box 14000 | When was the debt incurred? | |
| | Belfast, ME 04915-4033 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | The of the date you me, the stand to. Oncount and apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify misc. debt | |
| 4.6 | Genesis FS Card Services | Last 4 digits of account number | \$642.00 |
| | Nonpriority Creditor's Name PO Box 4477 | When was the debt incurred? | |
| | Beaverton, OR 97076 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify misc. debt | |
| | Li Tes | Otner. Specify | |
| 4.7 | Internal Revenue Service Nonpriority Creditor's Name | Last 4 digits of account number | Unknown |
| | Insolvency Dept 550 Main Street, Room 3225 Cincinnati, OH 45201 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify notice of bk filing | |

| Debtor | 1 Christopher Thomas Scott | Case number (if known) | |
|----------|---|---|------------|
| 4.8 | Mid Ohio Emerg Svcs LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$625.00 |
| | PO Box 635095 | When was the debt incurred? | |
| | Cincinnati, OH 45263 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other Specify misc. debt | |
| 4.9 | Ohio Department Of Taxation | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name | | |
| | Attn. Bankruptcy Department P.O. Box 530 | When was the debt incurred? | |
| | Columbus, OH 43216-0530 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify notice of bk filing | |
| | Ties Ties | Other: Specify | |
| 4.1 0 | Paramount Capital Group | Last 4 digits of account number | \$3,166.00 |
| | Nonpriority Creditor's Name 822 Montgomery Avenue Suite 205 | When was the debt incurred? | |
| | Narberth, PA 19072 | _ | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify misc. debt | |
| | | · · · · —————————————————————————————— | |

| Christopher Thomas Scott | Case number (if known) | |
|---|---|-----------------|
| Dun managina la accessor | | \$400.00 |
| Progressive Insurance | Last 4 digits of account number | \$100.00 |
| Nonpriority Creditor's Name 6300 Wilson Mills Road Mayfield Village, OH 44143 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | | |
| ☐ Yes | ■ Other. Specify misc. debt | |
| Sprint | Last 4 digits of account number | \$2,668.00 |
| Nonpriority Creditor's Name | | |
| Attn: Bankruptcy PO Box 7949 | When was the debt incurred? | |
| РО Б0х 7949 Overland Park, KS 66207-0949 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify Misc. debt | |
| | Other. Specify | |
| Titan Gas and Power | Last 4 digits of account number | \$155.00 |
| Nonpriority Creditor's Name 3355 West Alabama Street #1170 | When was the debt incurred? | |
| Houston, TX 77098 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , as a succession of the succession and the supply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify misc. debt | |

| Debt | or 1 Christopher Thomas Scott | Case number (if known) | |
|----------|---|---|------------|
| 1.1 | Tracir Financial Services | | \$8,188.76 |
| 1 | Nonpriority Creditor's Name P.O. Box 210 | Last 4 digits of account number When was the debt incurred? | φο, 100.70 |
| | Reynoldsburg, OH 43068 | When was the debt incurred: | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Judgment Franklin County Municipal Court Case No. 2017 CVF 037373 | |
| 4.1 5 | United States Attorney General | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name 950 Pennsylvania Avenue NW Washington, DC 20530 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify notice of bk filing | |
| 4.1 | Webbank/Fingerhut | Last 4 digits of account number | \$676.00 |
| | Nonpriority Creditor's Name 6250 Ridgewood ROA | When was the debt incurred? | |
| | Saint Cloud, MN 56303 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify misc. debt | |
| | | | |

| Depioi | Christopher Thomas Scott | | Case number (ii known) | | | |
|-----------------|---|---|--|-------------------------|--|--|
| 4.1 7 | Wells Fargo Bank | Last 4 digits of account nu | mber | \$809.00 | | |
| | Nonpriority Creditor's Name PO Box 25341 | | | | | |
| | Number Street City State Zip Code | As of the date you file the | claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the | Gaminis. Offect all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY uns | secured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of report as priority claims | a separation agreement or divorce that you did not | | | |
| | No | ☐ Debts to pension or profit | s-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify misc. | debt | | | |
| 4.1 | Westlake Financial Services | | | \$6,349.00 | | |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account nu | mber | φ0,349.00 | | |
| | 3541 Refugee Road Columbus, OH 43232 | When was the debt incurre | d? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the | claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY uns | secured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | · · | a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit | -sharing plans, and other similar debts | | | |
| | □ Yes | Other. Specify misc. | | | | |
| | La res | Other. Specify | uest | | | |
| Part 3: | List Others to Be Notified About a D | ebt That You Already Listed | | | | |
| is tryi have | ng to collect from you for a debt you owe to s | someone else, list the original cred nat you listed in Parts 1 or 2, list th | t that you already listed in Parts 1 or 2. For example ditor in Parts 1 or 2, then list the collection agency h he additional creditors here. If you do not have addit | nere. Similarly, if you | | |
| | nd Address | On which entry in Part 1 or Part 2 or | | | | |
| ARS | or Mid Ohio Emergency | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | | | |
| Servi | | | Part 2: Creditors with Nonpriority Unsecured Cl | laims | | |
| | ox 630806 | | | | | |
| Cinci | nnati, OH 45263-0806 | Last 4 digits of account number | | | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 or | did you list the original creditor? | | | |
| | Prime Investments Inc. | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claim | | | |
| Rep to | or Genesis FS Card Services, | | Part 2: Creditors with Nonpriority Unsecured Cl | aims | | |
| | Route 34 N, Building 3, Suite | | | | | |
| | NJ 07719 | Last 4 digits of account number | | | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 or | did you list the original creditor? | | | |
| Credi | Collection Services | Line 4.11 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | s | | |
| | For Progressive ox 607 | | Part 2: Creditors with Nonpriority Unsecured Cl | aims | | |

Official Form 106 E/F

Norwood, MA 02062

| Debtor 1 Christopher Thomas Scott | | Case number (if known) |
|---|--|--|
| | Last 4 digits of account number | |
| Name and Address Credit One Bank PO Box 60500 City Of Industry, CA 91716-0500 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Credit One Bank PO Box 98875 Las Vegas, NV 89193 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Credit One Bank P O Box 98873 Las Vegas, NV 89193-8673 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address EMP Of Franklin County 4535 Dressler Rd. NW Canton, OH 44718-2545 | On which entry in Part 1 or Part 2 did y Line 4.5 of (Check one): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Enhanced Recovery Company, LLC Rep For Charter Communications | On which entry in Part 1 or Part 2 did y Line 4.2 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO Box 57547 Jacksonville, FL 32241 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Fingerhut 6509 Flying Could Drive Edge Praisic MN 55244 | On which entry in Part 1 or Part 2 did y Line 4.16 of (<i>Check one</i>): | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Eden Prairie, MN 55344 | Last 4 digits of account number | |
| Name and Address Fingerhut 11 McLeland Road St. Cloud, MN 56395 | On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| St. Gloud, Mile 30393 | Last 4 digits of account number | |
| Name and Address Indigo/Celtic Bank PO Box 4499 Beaverton, OR 97076 | On which entry in Part 1 or Part 2 did y Line 4.1 of (Check one): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Internal Revenue Service SB/SE, Insolvency Room 1150 31 Hopkins Plaza Baltimore, MD 21201-2852 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Sammoro, MB 21201 2002 | Last 4 digits of account number | |
| Name and Address Internal Revenue Service P.O Box 9019 Holtsville, NY 11742-9019 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| • | Last 4 digits of account number | |
| Name and Address Internal Revenue Service P.O. Box 21125 Philadelphia, PA 19114 | On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| - | Last 4 digits of account number | |

| Debtor 1 Christopher Thomas Scott | C | Case number (if known) |
|--|---|---|
| Name and Address Mid Ohio Emerg Svcs LLC 3585 Ridge Park Drive Akron, OH 44333-8203 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Ohio Department Of Taxation 30 East Broad Street, 20th Floor Columbus, OH 43215 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Ohio Department of Taxation Compliance Division P.O. Box 182402 Columbus, OH 43218-2402 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Paramount Capital Group PO Box 409 Conshohocken, PA 19428 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Phoenix Financial Services Rep For Emp Of Franklin Co PO Box 361450 Indianapolis, IN 46236-1450 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Prodigy Heating And Cooling Rep for Titan Gas and Power 12170 North Abrams Road, Suite 100 Dallas, TX 75243 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Progressive Insurance Processing Center - 27 PO BOX 55126 Boston, MA 02205-5126 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Progressive Insurance PO BOX 9134 Needham, MA 02494-9134 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Robert M Storey Rep for Tracir Financial Services, Inc. 737 Enterprise Drive Lewis Center, OH 43035 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Source Receivables Management Rep for Sprint 4615 Dundas Drive, Suite 102 Greensboro, NC 27407 | | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Source Receivables Management | On which entry in Part 1 or Part 2 did you li | ist the original creditor? Part 1: Creditors with Priority Unsecured Claims |

| Debtor 1 Christopher Thomas Scott | Case number (if known) | |
|---|---|--|
| Rep For Sprint PO Box 4068 Greensboro, NC 27404-4068 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | |
| Name and Address Sprint PO Box 4191 Carol Stream, IL 60197-4191 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | |
| Name and Address Sprint PO Box 57547 Jacksonville, FL 32241 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| Name and Address Sprint Nextel Attn. Bankruptcy Department P.O. Box 7949 Overland Park, KS 66207-0949 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| State Of Ohio Department Of Taxation 750 Cross Pointe Road Columbus, OH 43230 | Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number | |
| Name and Address State Of Ohio Department Of Taxation 4485 Northland Ridge Blvd Columbus, OH 43229 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| | Last 4 digits of account number | |
| Name and Address Titan Gas Power 12170 Abrams Road Suite 100 Dallas, TX 75243 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| | | |
| Name and Address Tracir Financial Services 2040 Brice Road, Suite 200 Reynoldsburg, OH 43068 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | |
| Name and Address Wells Fargo Bank PO Box 6412 Carol Stream, IL 60197-6412 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Wells Fargo Bank NA 4137 121st Street Urbandale, IA 50323 | Line 4.17 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | |
| Name and Address Wells Fargo Bank NA 3476 Stateview Blvd. Fort Mill, SC 29715 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | |
| | Last 7 digits of account number | |
| Name and Address Westlake Financial Services | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): | |

4751 Wilshire Blvd Los Angeles, CA 90010

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|--|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | 0 | Oblinations of the constitution of the second of the secon | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 24,656.76 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 24,656.76 |

| Fill in this infor | | | | |
|---|------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Christopher Thor | nas Scott | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF OHIO | |
| Case number _ | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | · | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| Fill in this i | nformation to identify your | case: | | | |
|---------------------|---|-------------------------------|---------------------------|---|---|
| Debtor 1 | Christopher Tho | | LastNama | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | SOUTHERN DISTRICT | OF OHIO | | |
| Case numb | er | | | | |
| (if known) | | | | | Check if this is an amended filing |
| O((; ;) | E 40011 | | | | Ů |
| | Form 106H | | | | |
| Schedi | ule H: Your Cod | lebtors | | | 12/15 |
| _ ` | ou have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| 2. With | in the last 8 years, have yo | u lived in a community pr | onerty state or territor | v? (Community property) | states and territories include |
| | , California, Idaho, Louisiana | | | | states and termones include |
| ■ No. 0 | Go to line 3. | | | | |
| ☐ Yes. | Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| in line 2 Form 1 | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor ame, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cred Check all schedules | itor to whom you owe the debt |
| | | | | _ | тист арргу. |
| 3.1 N | lame | | | _ ☐ Schedule D, line ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule E/F, IIII | |
| N | lumber Street | | | _ | |
| | ity | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | lame | | | Schedule E/F, lin | e |
| | | | | ☐ Schedule G, line | |
| N | lumber Street | | | | |
| C | ity | State | ZIP Code | | |

| Fill | in this information to identify you | ur case: | | | | Ī | | | |
|--------------------|---|---|---|--------------------|----------------|---------------------------------------|-------------------------|------------------------------------|--------------|
| | , , | ner Thomas Scott | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | |
| Uni | ited States Bankruptcy Court for | the: SOUTHERN DISTRIC | CT OF OHIO | | | | | | |
| (If kı | se number | | - | | | | led filing nent show | ing postpetition ch | napter |
| | <u>fficial Form 106l</u> chedule I: Your Ir | | | | | MM / DD/ | YYYY | | |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and ch a separate sheet to this for tt1: | ou are married and not fili your spouse is not filing w m. On the top of any additi | ng jointly, and your sith you, do not inclu | spouse de infor | is liv mati | ing with you, inc on about your sp | lude info ouse. If 1 | rmation about you nore space is ne | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non | -filing spouse | |
| | If you have more than one job | , | ■ Employed | | | ☐ Emp | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ■ Not | employed | | |
| | employers. | Occupation | Truck Driver | | | Home | maker | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Old Dominion F | reight | Line | · | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | 500 Old Dominion | | | | | | |
| | | How long employed t | here? 4 mont | hs | | | | | |
| Pai | rt 2: Give Details About | Monthly Income | | | | | | | |
| | imate monthly income as of th use unless you are separated. | e date you file this form. If | you have nothing to re | eport for | any | line, write \$0 in th | e space. I | nclude your non-fi | ling |
| | ou or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all e | empl | oyers for that pers | on on the | lines below. If you | ı need |
| | | | | | | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 6,184.53 | \$ | 0.00 | |
| 3. | Estimate and list monthly ov | vertime pay. | | 3. | +\$ | 0.00 | +\$_ | 0.00 | |

Calculate gross Income. Add line 2 + line 3.

6,184.53

0.00

| | | | | Fo | or Debtor 1 | | | ebtor 2 or | |
|-----|-----------------|--|------------|----------|-------------|-------|---------------|-----------------------|-----------------|
| | Copy | y line 4 here | 4. | \$ | 6,184 | .53 | \$ | 0.00 | 1 |
| | | | | - | | | | | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$_ | | .29 | \$ | 0.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | | 0.00 | \$ | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | | 5.55 | \$ | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans Insurance | 5d. | \$ \$ | | 0.00 | \$ — | 0.00 | _ |
| | 5e. 5f. | Domestic support obligations | 5e. 5f. | Φ \$ | | 0.00 | Φ | 0.00 | _ |
| | 5g. | Union dues | 51. 5g. | φ \$ | | 0.00 | \$ | 0.00 | _ |
| | 5h. | Other deductions. Specify: Voluntary Life Insurance | 5h.+ | | | .55 | * | 0.00 | _ |
| | 011. | Accident Insurance | _ 011.1 | \$ | | 3.49 | ` <u>\$</u> — | 0.00 | _ |
| | | STD | _ | \$ | | 3.73 | \$ | 0.00 | _ |
| | | LTD | _ | \$ | | .42 | \$ | 0.00 | _ |
| | | Health Insurance | _ | \$ | | .33 | \$ | 0.00 | _ |
| | | Dental Insurance | _ | \$ | 43 | 3.33 | \$ | 0.00 | _ |
| | | Vision Insurance | | \$ | 14 | .82 | \$ | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,381 | .51 | \$ | 0.00 | _ |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,803 | 3.02 | \$ | 0.00 | _ |
| 8. | List a | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | _ | | | | | - |
| | | receipts, ordinary and necessary business expenses, and the total | 0- | Φ | | | Φ. | 2.22 | |
| | Oh | monthly net income. Interest and dividends | 8a. 8b. | \$ \$ | | 0.00 | \$ | 0.00 | _ |
| | 8b. 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | Φ_ | | 0.00 | Ψ | 0.00 | - |
| | | settlement, and property settlement. | 8c. | \$ | C | .00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | C | .00 | \$ | 0.00 | - |
| | 8e. | Social Security | 8e. | \$ | C | .00 | \$ | 0.00 | - |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ | | 0.00 | \$ | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g. | \$_ | | .00 | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$_ | C | .00 | · \$ | 0.00 | - - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | C | 0.00 | \$ | 0.0 | 0 |
| 10. | | rulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 4,803.02 | + \$_ | | 0.00 = \$ | 4,803.02 |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | | | | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. \$ | 4,803.02 |
| 13. | Do y ■ | ou expect an increase or decrease within the year after you file this form No. | ? | | | | | Combi monthl | ned y income |
| | _ | Ves Evolain: | | | | | | | |

| Fill | in this information to identify your case: | | | | |
|-----------|---|---|------------------------------|--------------------------------------|--|
| Deb | Christopher Thomas Scott | | | c if this is: | |
| Deb | otor 2 | | | | ving postpetition chapter |
| (Spo | ouse, if filing) | | 1 | 3 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO |) | N | MM / DD / YYYY | |
| | se numbernown) | | | | |
| _ | *** | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses as complete and accurate as possible. If two married people ar | re filing together, bo | oth are equa | lly responsible fo | 12/15 or supplying correct |
| info | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| ١. | No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | s for Separate House | hold of Debto | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | 0 | | _ | □ No |
| | dependents names. | Son | | 5 | ■ Yes □ No |
| | | Daughter | | 8 | ■ Yes |
| | | | | | □ No |
| | | Son | | 12 | ■ Yes □ No |
| | | | | | ☐ No ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless y benses as of a date after the bankruptcy is filed. If this is a supp plicable date. | ou are using this fo plemental <i>Schedule</i> | orm as a sup J, check the | plement in a Cha box at the top o | pter 13 case to report f the form and fill in the |
| | lude expenses paid for with non-cash government assistance i | • | | | |
| | value of such assistance and have included it on <i>Schedule I:</i>) ficial Form 106I.) | Your Income | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 450.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Christopher Thomas Scott | Case num | ber (if known) | |
|--|---|--|--|
| tios. | | | |
| | 6a. | \$ | 155.00 |
| • | | | 115.00 |
| | | · | 188.02 |
| | | · | 175.00 |
| | | · | 1,400.00 |
| . • | | · | 0.00 |
| | | · | 145.00 |
| | | · | 145.00 |
| • | | · | 245.00 |
| · | | · | |
| | 12. | \$ | 505.00 |
| | 13. | \$ | 85.00 |
| ritable contributions and religious donations | 14. | \$ | 0.00 |
| rance. | | | |
| ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | \$ | 0.00 |
| Health insurance | 15b. | \$ | 0.00 |
| Vehicle insurance | 15c. | \$ | 230.00 |
| Other insurance. Specify: | 15d. | \$ | 0.00 |
| | | | |
| | 16. | \$ | 0.00 |
| | | | |
| • • | | · | 0.00 |
| | | * | 0.00 |
| | 17c. | \$ | 0.00 |
| · · · | 17d. | \$ | 0.00 |
| | 10 | ¢ | 0.00 |
| | 10. | · | |
| | 40 | > | 0.00 |
| · | | (| |
| | | | 0.00 |
| | | | 0.00 |
| | | • | 0.00 |
| | | | |
| | | · | 0.00 |
| | | · - | 0.00 |
| | | · | 95.00 |
| | | | 50.00 |
| -filing spouse's general debt service | | +\$ | 100.00 |
| ulate your monthly expenses | | | |
| , , , , , , , , , , , , , , , , , , , | | \$ | 4,083.02 |
| <u> </u> | | \$ | |
| | | · | 4,083.02 |
| The mile 224 and 226. The result is your monthly expenses. | | | 4,003.02 |
| | | | |
| Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 4,803.02 |
| 0 11 1 1 10 1 | 23b. | -\$ | 4,083.02 |
| Copy your monthly expenses from line 22c above. | | | |
| | | | |
| Subtract your monthly expenses from your monthly income. | 220 | \$ | 720.00 |
| | 23c. | \$ | 720.00 |
| Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | | 720.00 |
| Subtract your monthly expenses from your monthly income. | ı file this | form? | |
| Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . Fou expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your new your car loan within the year or do you expect your new your car loan within the year or do you expect your new your your your your your your your your | ı file this | form? | |
| | tities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Natural gas d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. not include car payments. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations trance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Trayments for Vehicle 2 Other. Specify: Trayments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106). re real property expenses not included in lines 4 or 5 of this form or on Sched Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Extra expenses for the children racurricular activities for the children racurricular activities for the children racular your monthly expenses Add lines 2 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. | Electricity, heat, natural gas Electricity, heat, natural gas Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Chrer. Specify: Natural gas 6d. d and housekeeping supplies 6d. d and dental expenses 7. ddcare and children's education costs 8. shing, laundry, and dry cleaning gonal care products and services 10. licial and dental expenses 11. supportation. Include gas, maintenance, bus or train fare. 10. 10. include car payments. 12. ertainment, clubs, recreation, newspapers, magazines, and books 13. ritable contributions and religious donations 14. urance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15. Life insurance 15. Life insurance 15. Life insurance 15. Chrein insurance deducted from your pay or included in lines 4 or 20. 15. er payments for Vehicle 1 15. Car payments for Vehicle 1 17. Car payments for Vehicle 1 17. Car payments for Vehicle 2 17. Other. Specify: 17. Payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. er payments you make to support others who do not live with you. 19. er real property expenses not included in lines 4 or 5 of this form or on Schedule 1: 19. er real property expenses not included in lines 4 or 5 of this form or on Schedule 1: 20. Maintenance, repair, and upkeep expenses 20b. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. 20f. Extra expenses for the children 21. racurricular activities for the children 22. Copy line 22 (monthly expenses 23. Add line 22a and 22b. The result is your monthly expenses. | tities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Natural gas d and housekeeping supplies d and earned supplies d and dera end children's education costs |

| Fill in this | information to identify you | r case: | | | |
|-------------------|---|---------------------------|-------------------------------|-------------------------------|-------------------------------|
| Debtor 1 | Christopher Tho | mas Scott | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | g) First Name | Middle Nome | Last Name | | |
| (Spouse if, filin | g) First Name | Middle Name | Last Name | | |
| United Stat | es Bankruptcy Court for the: | SOUTHERN DISTRIC | T OF OHIO | | |
| Case numb | oer | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official I | Form 106Dec | | | | |
| | - | an Individua | l Debtor's Sc | hadulas | |
| Decia | ration About | <u>an murviuua</u> | ii Denioi 2 3c | <u>riedules</u> | 12/15 |
| If two marr | ed people are filing togeth | er, both are equally resp | oonsible for supplying corre | ect information. | |
| | | | , | | |
| | | | es or amended schedules. | | |
| | oth. 18 U.S.C. §§ 152, 1341, | | nkruptcy case can result in | i fines up to \$250,000, or i | imprisonment for up to 20 |
| , | | | | | |
| | | | | | |
| | Sign Below | | | | |
| | | | | | |
| Did ye | ou pay or agree to pay som | eone who is NOT an atte | orney to help you fill out ba | ankruptcy forms? | |
| | No | | | | |
| | es. Name of person | | | Attach Bankruptc | Petition Preparer's Notice. |
| | | | | | Signature (Official Form 119) |
| | | | | | |
| Under | nenalty of neriury I declar | e that I have read the su | mmary and schedules filed | d with this declaration and | ı |
| | ey are true and correct. | J mat i mavo roda mo od | minuty and concurred mod | with this double district | • |
| V /- | / Christopher Thems- C | 0.044 | v | | |
| | Christopher Thomas Son Christopher Thomas Scot | | X | | |
| C | | .L | Signature of I | Debtor 2 | |
| Si | gnature of Debtor 1 | | Signature of D | Debtor 2 | |
| Si | gnature of Debtor 1 | | Signature of I | Debtor 2 | |

| Fill | in this inform | nation to identify you | case: | | | |
|--------------------|---|--|--|---|---|---|
| Deb | otor 1 | Christopher Tho | | | | |
| Det | otor 2 | First Name | Middle Name | Last Name | | |
| 1 | use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Bar | nkruptcy Court for the: | SOUTHERN DISTRICT C | OF OHIO | | |
| 1 | se number | | | | _ | heck if this is an mended filing |
| Sta Be a | s complete a | of Financial | | are filing together, both are | ankruptcy equally responsible for sup | |
| | | n). Answer every ques | | | , | |
| Par | | | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ■ Married□ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ike sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Ot | fficial Form 106H). | | |
| Par | t 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$4,460.04 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe

Was this payment for ...

| 7. | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relatives of any gen n control, or owner of 20% o | eral partners; partner or more of their voting | erships of which yo g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
|-----|---|---|---|--|----------------------------------|---|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or co | | ments or transfer a | iny property on a | ccount of a d | ebt that benefited an |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | rt 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | ie case |
| | Case number | | | | | |
| 10. | Within 1 year before you filed for bankrup: Check all that apply and fill in the details below. No. Go to line 11. | | erty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property Explain what happened | i | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details. | | luding a bank or fir | nancial institutior | n, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | e for the bend | efit of creditors, a |
| | ■ No □ Yes | | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankru | ptcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Case number (if known)

Debtor 1 Christopher Thomas Scott

| Debt | tor 1 Christopher Thomas Scott | | Cas | se number | (if known) | |
|--------------|---|---------------------------|--|-------------|--|---------------------------|
| | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or o | | | with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | | Dates you contributed | Value |
| Part | 6: List Certain Losses | | | | | |
| | Within 1 year before you filed for bankru or gambling? | ıptcy o | r since you filed for bankruptcy, did you | ı lose anyt | hing because of thef | t, fire, other disaster |
|] [| ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss te the amount that insurance has paid. List ince claims on line 33 of Schedule A/B: Pro | pending | Date of your loss | Value of property lost |
| Part | 7: List Certain Payments or Transfer | s | | | | |
| ! ! | consulted about seeking bankruptcy or include any attorneys, bankruptcy petition process. No Yes. Fill in the details. Person Who Was Paid Address Email or website address | | | · | Date payment or transfer was made | Amount of payment |
| | Person Who Made the Payment, if Not You Mark Albert Herder, LLC 1031 East Broad Street Columbus, OH 43205 | | Attorney fees | | | \$87.00 |
| | Cricket Debt Counseling 219 SW Stark Street, Suite 200 Portland, OR 97204 | | pre-bankruptcy debt counseling | | 18 January 2022 | \$24.00 |
| ! | Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer tha No Yes. Fill in the details. | ditors | or to make payments to your creditors? | ehalf pay c | r transfer any prope | rty to anyone who |
| | Person Who Was Paid | | Description and value of any propert | v | Date payment | Amount of |
| | Address | | transferred | , | or transfer was | payment |
| t I ii | Within 2 years before you filed for bankretransferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have also no | u r busi s made | ness or financial affairs? as security (such as the granting of a secu | | | |
| | Yes. Fill in the details. | | Description and value of | Doggribe | any proporty or | Data transfer was |
| | Person Who Received Transfer Address | | property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |

| | Person Who Received Transfer Address | Description and property transfer | | Describe any property or payments received or del paid in exchange | | | | |
|-----|--|--|--------------------------------|--|---|--|--|--|
| | Person's relationship to you Unknown Individual | 2001 Suzuki 60 motorcycle | 0 GSXR | Received fair market value of \$900.00 | June 2020 | | | |
| | none | | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | ny property to a s | self-settled trust or similar de | evice of which you are a | | | |
| | Name of trust | Description and | value of the prop | erty transferred | Date Transfer was | | | |
| | Name of trust | Description and | value of the prop | city transience | made | | | |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposi | it Boxes, and Sto | orage Units | | | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? | • | | • | • , , | | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | nt or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed fo | r bankruptcy, an | y safe deposit box or other d | lepository for securities, | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit of | r place other than you | r home within 1 y | year before you filed for bank | kruptcy? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | Address (Number, Street, City, | | Do you still have it? | | | |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | | |
| 23. | Do you hold or control any property that so for someone. | neone else owns? Incl | ude any property | y you borrowed from, are sto | oring for, or hold in trust | | | |
| | No The state of th | | | | | | | |
| | Yes. Fill in the details. | Whose is the surre | n a what of | Describe the warmants | V-1 | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe the property | Value | | | |
| Par | t 10: Give Details About Environmental Info | ormation | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107

| | reg | ulations controlling the cleanup of thes | se sul | ostances, wastes, or material. | | | | | |
|-----|---|---|---------|---|--------|------------------------------------|-----------------------|--|--|
| | | e means any location, facility, or proper own, operate, or utilize it, including disp | • | • | l law, | whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort a | III notices, releases, and proceedings t | hat yo | ou know about, regardless of whe | n the | ey occurred. | | | |
| 24. | Has | any governmental unit notified you th | at you | ı may be liable or potentially liabl | e un | der or in violation of an environm | ental law? | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | re you notified any governmental unit o | of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | re you been a party in any judicial or ad | lminis | strative proceeding under any env | /iron | mental law? Include settlements | and orders. | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Pai | rt 11: | Give Details About Your Business of | r Con | nections to Any Business | | | | | |
| 27. | Wit | — hin 4 years before you filed for bankrur | ntov. o | lid you own a business or have a | nv o | f the following connections to any | / husiness? | | |
| | | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | _ | | | | | | | | |
| | _ | No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | ∐ Bu | siness Name | | scribe the nature of the busines | | Employer Identification numbe | • | | |
| | Ad | dress mber, Street, City, State and ZIP Code) | | me of accountant or bookkeeper | | Do not include Social Security | | | |
| | | | Na | me of accountant of bookkeeper | | Dates business existed | | | |
| 28. | | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | otcy, o | did you give a financial statement | to a | nyone about your business? Inclu | ude all financial | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Da | te Issued | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Official Form 107

| Debtor 1 Christophe | er Thomas Scott | Case number (if known) |
|---|---------------------------------|--|
| | • • • | 000, or imprisonment for up to 20 years, or both. |
| 18 U.S.C. §§ 152, 1341, | 1519, and 3571. | |
| /s/ Christopher Tho | nas Scott | |
| Christopher Thomas Signature of Debtor 1 | s Scott | Signature of Debtor 2 |
| Date January 20, 2 | 022 | Date |
| Did you attach addition | al pages to Your Statement of I | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did you pay or agree to | pay someone who is not an at | torney to help you fill out bankruptcy forms? |
| ■ No | | |
| ☐ Yes. Name of Person | Attach the Bankruptcy P | Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

| In re: Christopher Thomas Scott | | Case No. |
|------------------------------------|-----------|------------|
| | | Chapter 13 |
| | Debtor(s) | Judge |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

| that compensation | S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify the paid to me within one year before the filing of the port to be rendered on behalf of the debtor(s) in contempt | petition in bankruptcy, | or agreed to be paid to me, i |
|-------------------------------------|---|-------------------------|-------------------------------|
| For legal services, I ha | ave agreed to accept | \$ | 4,350.00 |
| | nis statement I have received | \$ | 87.00 |
| Balance Due | | \$ | 4,263.00 |
| ■ Debtor | compensation paid to me was: Other (specify): pensation to be paid to me is: Other (specify): | | |
| 4. I have not agree associates of m | eed to share the above-disclosed compensation with any ny law firm. | other persons unless th | ney are members and/or |
| _ | o share the above-disclosed compensation with another a. A copy of the agreement, together with a list of the new contraction. | | |

II. Application

- 5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided, legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation

- will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).
- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

| | | 20 | 20 | าวว |
|--|------|----|----|-----|
| | | | | |

Date

/s/ Mark Albert Herder

Mark Albert Herder 0061503

Name

Mark Albert Herder LLC 1031 East Broad Street Columbus, OH 43205 614-444-5290

Fax: 614-444-4446 markalbertherder@yahoo.com 0061503 OH

| Fill in this information to identify your case: | | | | |
|---|---------------------------|---------------------------|--|--|
| Debtor 1 | Christopher Thomas | Scott | | |
| Debtor 2 (Spouse, if filing) | | | | |
| United States B | sankruptcy Court for the: | Southern District of Ohio | | |
| Case number (if known) | | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Colui Debt | | Columi Debtor non-fili | |
|--|-------------------------------------|------------------------------------|--------------------------------|---------------|----------|------------------------------|------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and co | mmissi | ons (before all | \$ | 4,632.91 | \$ | 0.00 |
| Alimony and maintenance payments. Do not include Column B is filled in. | le payme | nts from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Do not include payments from a spo you listed on line 3. Net income from operating a business, | rt. Include old, your ouse. Do r | e regulai depende not includ | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 |
| profession, or farm | Debtor | 1 | | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| Net monthly income from a business, profession, or fa | arm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| Net income from rental and other real property | Debtor | 1 | | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| Net monthly income from rental or other real property | Φ. | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1 | Christopher Thomas Scott | | | Case numbe | r (<i>if known</i> | | | |
|---|--|--|--|-------------------|---------------------|---------------------------|----------------|----------|
| | | | | Column A Debtor 1 | | Column Debtor 2 non-filin | | |
| 7. Int | erest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| 8. Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | | |
| Do the | not enter the amount if you contend that the amo | ount received was a benef | it under | | | | | |
| | For you | \$ 0.0 | 00 | | | | | |
| | For your spouse | | 00 | | | | | |
| 9. Pe be no Un dis pa do | nsion or retirement income. Do not include any nefit under the Social Security Act. Also, except a t include any compensation, pension, pay, annuity ited States Government in connection with a disa ability, or death of a member of the uniformed set y paid under chapter 61 of title 10, then include the s not exceed the amount of retired pay to which etired under any provision of title 10 other than che | amount received that was a stated in the next senter y, or allowance paid by the ability, combat-related injurvices. If you received any nat pay only to the extent the you would otherwise be e | nce, do e ry or retired hat it | \$ | 0.00 | \$ | 0.00 | |
| Do un co cri co Go de | come from all other sources not listed above. So not include any benefits received under the Social der the Federal law relating to the national emergeder the National Emergencies Act (50 U.S.C. 160 ronavirus disease 2019 (COVID-19); payments reme, a crime against humanity, or international or of empensation, pension, pay, annuity, or allowance povernment in connection with a disability, combatath of a member of the uniformed services. If neceptare page and put the total below. | al Security Act; payments lency declared by the Presidency declared by the Presidency at each of a ward domestic terrorism; or paid by the United States related injury or disability, | made sident the ar | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | | \$ | 0.00 | \$ | 0.00 | |
| | Iculate your total average monthly income. Add the column. Then add the total for Column A to the Determine How to Measure Your Deduction | e total for Column B. | \$ | 4,632.91 | + \$ | 0.00 | | 4,632.91 |
| | | | , | | | | | |
| | py your total average monthly income from lir Iculate the marital adjustment. Check one: | ie 11. | | | | | . \$ | 4,632.91 |
| _ | You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing with y | vou Fill in 0 holow | | | | | | |
| _ | | | | | | | | |
| - | You are married and your spouse is not filing w | - | Tl. | | | - - | | |
| | Fill in the amount of the income listed in line 11 dependents, such as payment of the spouse's | | | | | | | |
| | Below, specify the basis for excluding this incoradjustments on a separate page. | me and the amount of inco | ome dev | oted to each | n purpos | e. If necessa | ary, list addi | tional |
| | If this adjustment does not apply, enter 0 below | / . | | | | | | |
| | | | \$ | | _ | | | |
| | | | \$ | | _ | | | |
| | | | +\$ | | | | | |
| | Total | | \$ | 0.0 | <u>0</u> c | copy here=> | | 0.00 |
| 14. Y | our current monthly income. Subtract line 13 for | rom line 12. | | | _ | | \$ | 4,632.91 |
| 15. C | alculate your current monthly income for the | year. Follow these steps: | | | | | | |
| 1 | 5a. Copy line 14 here=> | • | | | | | \$ | 4,632.91 |

| Debtor 1 | Christopher Thomas Scott | Case number (if known) | |
|----------|--|------------------------|-------------|
| | Multiply line 15a by 12 (the number of months in a year). | | x 12 |
| 15 | o. The result is your current monthly income for the year for this part of the for | rm | \$55,594.92 |

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Christopher Thomas Scott

Christopher Thomas Scott

Signature of Debtor 1

Date **January 20, 2022**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2021 to 12/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: ODW Logistics Inc. (PRIOR)

Income by Month:

| 6 Months Ago: | 07/2021 | \$4,300.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2021 | \$3,440.00 |
| 4 Months Ago: | 09/2021 | \$3,440.00 |
| 3 Months Ago: | 10/2021 | \$4,300.00 |
| 2 Months Ago: | 11/2021 | \$0.00 |
| Last Month: | 12/2021 | \$0.00 |
| | Average per month: | \$2,580.00 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Old Dominion Freight Line

Income by Month:

| 6 Months Ago: | 07/2021 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2021 | \$0.00 |
| 4 Months Ago: | 09/2021 | \$0.00 |
| 3 Months Ago: | 10/2021 | \$178.73 |
| 2 Months Ago: | 11/2021 | \$5,506.95 |
| Last Month: | 12/2021 | \$6,631.78 |
| | Average per month: | \$2,052.91 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$78 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. American First Finance P.O. Box 565848 Dallas, TX 75356

ARS

Rep For Mid Ohio Emergency Services PO Box 630806 Cincinnati, OH 45263-0806

Atlantic Capital 515 Congress Avenue, Suite 2200 Austin, TX 78701

Bridgecrest PO Box 29018 Phoenix, AZ 85038

Bridgecrest 7300 E Hampton Ave #101 Mesa, AZ 85209

Bridgecrest Acceptance Corp. PO Box 2997 Phoenix, AZ 85062

Byrider Finance LLC DBA CNAC 2642 Morse Road Columbus, OH 43231

CB Indigo PO Box 4499 Beaverton, OR 97076

Charter Communications PO BOX 3019□□ Milwaukee, WI 53201

CKS Prime Investments Inc. Rep for Genesis FS Card Services, Inc. 1800 Route 34 N, Building 3, Suite 305 Wall, NJ 07719

CNAC

12802 Hamilton Crossing Blvd Carmel, IN 46032

CNAC
777 Canton Road
Akron, OH 44312-2606

Credit Collection Services Rep. For Progressive PO Box 607 Norwood, MA 02062 Credit One Bank PO Box 98873 Las Vegas, NV 89193-8873

Credit One Bank PO Box 60500 City Of Industry, CA 91716-0500

Credit One Bank P O Box 98873 Las Vegas, NV 89193-8673

Credit One Bank PO Box 98875 Las Vegas, NV 89193

Dave 1265 South Cochran Avenue Los Angeles, CA 90019

EMP Of Franklin County 4535 Dressler Rd. NW Canton, OH 44718-2545

EMP Of Franklin County, LTD PO Box 14000 Belfast, ME 04915-4033

Enhanced Recovery Company, LLC Rep For Charter Communications PO Box 57547 Jacksonville, FL 32241

Fingerhut 6509 Flying Could Drive Eden Prairie, MN 55344

Fingerhut 11 McLeland Road St. Cloud, MN 56395

FinWise Bank 130 E. Randolph Street, Suite 3400 Chicago, IL 60601

Finwise Rise 4150 International Plaza, Suite 300 Fort Worth, TX 76109

Genesis FS Card Services PO Box 4477 Beaverton, OR 97076

Indigo/Celtic Bank PO Box 4499 Beaverton, OR 97076

Internal Revenue Service Insolvency Dept 550 Main Street, Room 3225 Cincinnati, OH 45201

Internal Revenue Service SB/SE, Insolvency Room 1150 31 Hopkins Plaza Baltimore, MD 21201-2852

Internal Revenue Service P.O. Box 21125 Philadelphia, PA 19114

Internal Revenue Service P.O Box 9019 Holtsville, NY 11742-9019

Mid Ohio Emerg Svcs LLC PO Box 635095 Cincinnati, OH 45263

Mid Ohio Emerg Svcs LLC 3585 Ridge Park Drive Akron, OH 44333-8203

Ohio Department Of Taxation Attn. Bankruptcy Department P.O. Box 530 Columbus, OH 43216-0530

Ohio Department Of Taxation 30 East Broad Street, 20th Floor Columbus, OH 43215

Ohio Department of Taxation Compliance Division P.O. Box 182402 Columbus, OH 43218-2402

Paramount Capital Group 822 Montgomery Avenue Suite 205 Narberth, PA 19072

Paramount Capital Group PO Box 409 Conshohocken, PA 19428 Phoenix Financial Services Rep For Emp Of Franklin Co PO Box 361450 Indianapolis, IN 46236-1450

Prodigy Heating And Cooling Rep for Titan Gas and Power 12170 North Abrams Road, Suite 100 Dallas, TX 75243

Progressive Insurance 6300 Wilson Mills Road Mayfield Village, OH 44143

Progressive Insurance Processing Center - 27 PO BOX 55126 Boston, MA 02205-5126

Progressive Insurance PO BOX 9134 Needham, MA 02494-9134

Progressive Leasing 11629 S. 700 East, Suite 100 Draper, UT 84020

Progressive Leasing 10619 South Jordan Gateway, Suite 100 South Jordan, OH 84095

Progressive Leasing 256 West Data Drive Draper, UT 84020

Robert M Storey Rep for Tracir Financial Services, Inc. 737 Enterprise Drive Lewis Center, OH 43035

Self Financial Inc./Lead Bank 1801 Main Street Kansas City, MO 64108

Source Receivables Management Rep for Sprint 4615 Dundas Drive, Suite 102 Greensboro, NC 27407

Source Receivables Management Rep For Sprint PO Box 4068 Greensboro, NC 27404-4068 Sprint Attn: Bankruptcy PO Box 7949 Overland Park, KS 66207-0949

Sprint PO Box 4191 Carol Stream, IL 60197-4191

Sprint PO Box 57547 Jacksonville, FL 32241

Sprint Nextel Attn. Bankruptcy Department P.O. Box 7949 Overland Park, KS 66207-0949

State Of Ohio Department Of Taxation 750 Cross Pointe Road Columbus, OH 43230

State Of Ohio Department Of Taxation 4485 Northland Ridge Blvd Columbus, OH 43229

Titan Gas and Power 3355 West Alabama Street #1170 Houston, TX 77098

Titan Gas Power 12170 Abrams Road Suite 100 Dallas, TX 75243

Tracir Financial Services P.O. Box 210 Reynoldsburg, OH 43068

Tracir Financial Services 2040 Brice Road, Suite 200 Reynoldsburg, OH 43068

United States Attorney General 950 Pennsylvania Avenue NW Washington, DC 20530

Webbank/Fingerhut 6250 Ridgewood ROA Saint Cloud, MN 56303

Wells Fargo Bank PO Box 25341 Santa Ana, CA 92799-5341 Wells Fargo Bank PO Box 6412 Carol Stream, IL 60197-6412

Wells Fargo Bank NA 4137 121st Street Urbandale, IA 50323

Wells Fargo Bank NA 3476 Stateview Blvd. Fort Mill, SC 29715

Westlake Financial Services 3541 Refugee Road Columbus, OH 43232

Westlake Financial Services 4751 Wilshire Blvd Los Angeles, CA 90010